

South Carolina Department of Disabilities and Special Needs

Do Not Resuscitate Order

Individual: _____

Date of Birth: _____

Surrogate Consent Giver: _____

DDSN Regional Center: _____

Date of last Physician Counseling: _____

Date of last HRC Review: _____

_____ has been diagnosed with a terminal illness. After consultation with his/her attending physician, it has been requested by the individual/surrogate consent giver that no resuscitative efforts including artificial stimulation of the cardiopulmonary system by electrical, mechanical or manual means be made in the event of cardio-pulmonary arrest.

Individual/Surrogate Signature

Date

Physician Signature

Date

Witness Signature

Date